

# Los Angeles County Dept. of Mental Health

## Student Professional Development Program

2016-2017 Academic Year

*Complete this form for each discipline to be placed at this agency:*

- ☐ **Psychology**  
     ☐ Practicum  
     ☐ Clerkship/Internship  
     ☐ Externship  
☒ **Social Work**  
     ☒ Specialization: Mental Health Juveniles  
     ☐ Macro/Administrative  
☐ **MFT**  
☐ **Occupational Therapy**  
☐ **Other (specify):** \_\_\_\_\_

Service Area

1

|                               |  |
|-------------------------------|--|
| <b>DMH Agency:</b>            | Challenger Memorial Youth Center   |
| <b>DMH Agency Address:</b>    | 5300 W. Avenue<br>Lancaster, CA 93536  |
| <b>Agency Liaison:</b>        | Shabren Harvey-Smith   |
| <b>New or Returning</b>       | <input type="checkbox"/> New <input checked="" type="checkbox"/> Returning                     |
| <b>Liaison Email Address:</b> | <a href="mailto:sharveysmith@dmh.lacounty.gov">sharveysmith@dmh.lacounty.gov</a>               |
| <b>Liaison Phone Number:</b>  | 661 – 940 – 4047 (office) or 213-256-44879 (cell)  |
| <b>Liaison Fax Number:</b>    | 661 – 940 – 4089   |
| <b>Agency ADA Accessible</b>  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If “No” Identify: _____ |

### Student Requirements:

|  |               |
|--|---------------|
| <b>How many positions will you have?</b> | 1             |
| <b>Beginning and ending dates:</b>       | Academic Year |

*Specific days and times you prefer students to be available (also indicate hours that are available for students to provide services):* **No Preference –program operates 5 days per week**

|                  |                 |
|------------------|-----------------|
| <b>Monday</b>    |                 |
| <b>Tuesday</b>   | 8:00am – 8:00pm |
| <b>Wednesday</b> | 8:00am – 8:00pm |
| <b>Thursday</b>  | 8:00am – 8:00pm |
| <b>Friday</b>    | 8:00am – 8:00pm |

*Specific days and times **mandatory** that students are available for staff meetings, training seminars, supervision, etc. Please indicate SM (Staff Meeting), TR (Training), SUP (Supervision)*

|   |  |
|---|--|
| <b>Monday</b>   |  |
| <b>Tuesday</b>  |  |
| <b>Wednesday</b>  | SM, SUP, TR                              |
| <b>Thursday</b>   |  |
| <b>Friday</b>   |  |
| <b>Total hours expected to be worked per week:</b>          | University Standard                      |
| <b>How many clients would the student have at one time?</b> | 3-5                                      |
| <b>What cultural groups and language services are</b>       | All cultural groups. English and Spanish |

# Los Angeles County Dept. of Mental Health

|   |                                    |
|---|------------------------------------|
| provided at your site?  |                                    |
| What is the timeline that you expect a student to commit to (e.g. a full year including holidays; academic year; semester)? | Academic year. County holidays off |

Provide a short description of your site and services offered:

Students will provide services for (please check all that apply):

|  |  |
|--|--|
| <input checked="" type="checkbox"/> Individuals              | <input type="checkbox"/> Consultation/Liaison                                  |
| <input checked="" type="checkbox"/> Groups                   | <input checked="" type="checkbox"/> Psycho-Educational Groups (e.g. Parenting) |
| <input checked="" type="checkbox"/> Families                 | <input checked="" type="checkbox"/> Community Outreach                         |
| <input type="checkbox"/> Children 0-5                        | <input type="checkbox"/> FSP   |
| <input checked="" type="checkbox"/> Children & Adolescents   | <input type="checkbox"/> FCCS  |
| <input type="checkbox"/> Adults                              | <input type="checkbox"/> Specialized Foster Care                               |
| <input type="checkbox"/> Older Adults                        | <input type="checkbox"/> AB109   |
| <input checked="" type="checkbox"/> Court/Probation referred | <input type="checkbox"/> Veterans  |

Evidenced Based Practices/Promising Practices offered at your agency:

|   |  |
|---|--|
| <input type="checkbox"/> Child-Parent Psychotherapy                   | <input checked="" type="checkbox"/> Seeking Safety                   |
| <input checked="" type="checkbox"/> Crisis Oriented Recovery Services | <input type="checkbox"/> Trauma Focused Cognitive Behavioral Therapy |
| <input checked="" type="checkbox"/> Dialectical Behavior Therapy      | <input type="checkbox"/> Triple P – Positive Parenting Program       |
| <input type="checkbox"/> Families Over Coming Under Stress            | <input type="checkbox"/> Other (Specify)                             |
| <input checked="" type="checkbox"/> Managing and Adapting Practices   | <input type="checkbox"/> Other (Specify)                             |

Students will provide (please check all that apply):

|  |  |
|--|--|
| <input checked="" type="checkbox"/> Brief Treatment  | <input checked="" type="checkbox"/> Screening and Assessment |
| <input type="checkbox"/> Long – Term Treatment   | <input checked="" type="checkbox"/> Crisis Intervention      |
| <input type="checkbox"/> For Psychology Students Only:<br>Testing percentage:<br>Treatment percentage: |  |

What are the most frequent diagnostic categories of your client population?

ADHD, Oppositional Defiant Disorder, Disruptive Behavioral Disorder, Mood Disorders, Substance use disorders

What specific training opportunities do students have at your agency?

Crisis intervention, suicide prevention

What theoretical orientations will students be exposed to at this site?

Cognitive Behavioral Therapy, Seeking Safety, Aggression Replacement Training, Short-Term Crisis Intervention, etc.

# Los Angeles County Dept. of Mental Health

Do students have the opportunity to work in a multidisciplinary team environment? If so, please list professionals/paraprofessionals who work as a part of your staff.

Utilizing the integrated treatment model interns will work with Psychiatrists, Psychologists, LMFTs, LCSWs, teachers (LACOE), Probation Department and Department of Health Services

Does your agency have Peer Specialists or Service Extenders providing services?

Yes ☐

No ☒

List locations where students will be providing services **other than agency?**

None

Does your agency allow students to videotape and/or audiotape clients for the purpose of presenting cases in their academic classes?

Yes ☐

No ☒

## ***Supervision:***

What types of supervision will you provide for the students and what is the expected licensure and discipline status of the supervisor? Please specify.

| Type               | Hours Per Week | Supervisor Degree/License |
|--------------------|----------------|---------------------------|
| Individual         | 1              | Master Social Work/LCSW   |
| Group              | 2              | Master Social Work/LCSW   |
| Individual & Group | 3              | Master Social Work/LCSW   |

Do you have one or more staff, who is licensed by:

☒ California Board of Psychology

☒ California Board of Behavioral Sciences

☒ California Board of Medical Examiners

Does your agency provide the student with the following minimum training experiences?

A. One hour of direct individual or group experience with an on-site licensed staff?

Yes ☒

No ☐

B. Weekly staff meetings

Yes ☒

No ☐

C. In-service training experiences, e.g. reading, didactic training seminars, professional presentations and case conferences?

Yes ☒

No ☐

*Students will be evaluated through (please check all that apply):*

|   |   |
|---|---|
| <input checked="" type="checkbox"/> Direct observation by clinical staff of student's clinical work | <input type="checkbox"/> Review of audio or video recording of student's sessions |
| <input checked="" type="checkbox"/> Report of clinical work in supervision                          | <input checked="" type="checkbox"/> Review of student's written clinical notes    |
| <input type="checkbox"/> Co-facilitation of groups/sessions with clinical staff                     | <input type="checkbox"/> Other (specify):   |

# Los Angeles County Dept. of Mental Health

## *Selection of Students:*

After Director of SPDP approval, are all students free to call you to set up interviews?

Yes ☒

No ☐

Do you require that the school's Director of Clinical Training/Field Education select the candidate(s) your site will interview from our student body?

Yes ☐

No ☒

Does your agency prefer the student to work from a particular theoretical orientation?

Yes ☐

No ☒

If yes, please specify: \_\_\_\_\_

Does your agency require a particular range of previous experience or specific prerequisite coursework? If so, please explain.

Recommend 2<sup>nd</sup> year students due to the level of clinical interventions working with the juvenile justice population

## **Agency Application Process**

Does your agency have any formal application process required of students beyond what is listed above?

Yes ☐

No ☒

If yes, please specify

Please specify dates your agency accepts students Academic year

Supervision will be in compliance with professional standards established by the following:

☐ APPIC

☐ AAMFT

☐ NASW

☒ Other (specify): Board of Behavioral Sciences

I confirm that my supervisor has approved participation in the SPDP.

Please acknowledge this by checking the following box ☒

DMH Staff completing this form: **Shabren Harvey-Smith** Title: **Mental Health Clinical Supervisor**

Supervisors: **Shabren Harvey-Smith** Title: **Mental Health Clinical Supervisor**

Date of Completion: 2/4/16